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Title of Document: Individual and Family Support Stipend and Respite – State Funding

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Applicability: Central Office; DSN Boards; Contracted Service Providers

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The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. They should be supported in their role as primary caregivers and be provided the assistance needed to care for their family member at home, if possible. The Department further believes that it is more efficient, cost effective and humane to support consumers and families in their efforts to care for their family members at home.

## **I. DEFINITION OF FAMILY**

A “family” is a DDSN eligible person with a disability and the parent(s), sibling(s), relative(s), or other caregiver (s, if applicable) who reside in the same household ~~or a DDSN eligible person with a disability who lives with or without the support of others as the consumer.~~

## **II. PURPOSE/OBJECTIVE**

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide assistance to families in caring for a DDSN eligible person with mental retardation or related disabilities, autism, or traumatic brain injury or spinal cord injury or similar disability in order to:

1. Assist those families who are exhausted due to the direct, hands-on care and supervision of the consumer; or

2. Help those consumers or their families who, without the IFS-R, would likely be in an unsafe, risky or dangerous situation.

Funding is directed toward consumers or families who can care for themselves at home, but incur additional expenses due to the disability and not for any consumer residing in any DDSN residential facilities or receiving DDSN operated HCB Waiver services. This funding should be used for needs that are not incurred routinely by families with non-disabled individuals. For interpreter services, please refer to Directive 700-02-DD.

Those consumers in critical circumstances (on critical needs waiting list) or at significant risk for placement on the critical needs waiting list (even after provider has made efforts to address the situation) will have access to "crisis stabilization funds" managed by DDSN District Offices. See directive 502-05-DD: DDSN Waiting Lists, for criteria and procedures.

In accordance with state law, IFS-R is not an entitlement program or a general public assistance benefit. IFS-R ~~should be~~ is typically time limited and should not be ongoing except in rare circumstances that tie back to the two primary objectives of IFS-R funding. Careful monitoring of these situations is required.

### **III. STATE FUNDING AND APPROVAL REQUIREMENTS**

Annually each DSN Board is given an award for family support stipends and respite based upon the number of consumers who live in their own or family's home and not enrolled in a DDSN HCB Waiver. **All consumers receiving services from private qualified providers will be given fair and equal access to these funds.** This award should be used strictly for services with no administrative cost being allocated to the IFS-R award.

IFS-R should only be made available to the consumer or family, when needed goods or services cannot be funded by the consumer and his family, by other public agencies or community resources or through other DSN services/programs. Documentation of these efforts must be included in the request for IFS-R. Requests to assist families with routine costs of daily living (rent, utilities, food, clothing, etc.) should be approved only in extreme or unusual circumstances and after careful review.

~~As part of the review of consumer needs, additional points should be considered for example, if Supplement Security Income (SSI) is received, this income should be used for the consumer's needs and not for general expenses of other family members. Household expenses can be categorized into essential and non-essential. Essential expenses are shelter, food, utilities, and other similar necessary expenses. Non-essential expenses are luxury items not related to routine daily living or other optional expenses. An example of a non-essential expense is cable/satellite TV. There are many expenses a person with a disability will incur that are related to the disability; however this does not mean that these expenses should be routinely covered unless there is documentation that these expenses exceed the family's ability to pay (e. g., an individual who has medical equipment that uses electricity and a notice that power is to be cut off has been~~

~~received—approval may be given if documentation indicates how this will be avoided in the future).~~

DSN Boards are required to maintain a log on all requests received. This log should include the name of consumer, requested item, requested amount, and approval/disapproval. All approved requests must be supported by the Board's IFS-R policy and submitted to the appropriate District Office on a monthly basis. The approved requests, using either Form #350 or the log, are due to the District Office by the 10<sup>th</sup> of the month following the approval. District staff will review approval forms/logs to ensure DDSN policy is followed. In cases where discrepancies are noted, District staff will either request additional information, or visit the DSN Board to assist with future compliance.

#### **First Step: Means Test**

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- A. IFS-R funding is directed toward consumers and their families based on the income of the consumer and family members residing in the same home as the consumer. See Attachment A for income parameters.

#### **Second Step: Needs Test**

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- B. Priority of Requests - When considering the priority to be given to requests for IFS-R, the following circumstances should be given the greatest priority

1. Those families who are exhausted due to the direct, hands-on care and supervision of the consumer.
2. Consumers or their families who, without the IFS-R, would likely be in an unsafe, risky or dangerous situation.

C. **Not Eligible to Receive IFS-R**

- Those who are not eligible for DDSN services
- Those who are enrolled in DDSN operated HCB Waivers.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Individuals applying for Medicaid through TEFRA and child's only involvement with DDSN is for assistance with the Level of Care process.

#### **IV. APPLICATION FOR IFS-R**

The following must be used in requesting IFS-R funds ~~from state funds~~. All information requested below must be included as part of any request for IFS-R. DSN Boards can use the attached forms or create their own forms provided that the same information is incorporated.

1. **Initiating A Request**

- A. The service coordinator/early interventionist identifies the consumer's or family's need for assistance during the assessment or planning process or as a result of the consumer's or family's situation changing during the year.
- B. The consumer's Plan ~~and or~~ other documentation must include the specific goods or services needed and justification of the need for the service(s). The request must include specific information to show how ~~the cost amount~~ requested was determined. A description of the services must be provided as well as documentation showing that ~~at least three (3) other possible funding inquires local resources~~ have been exhausted and the ~~financial income~~ means test justifies the request (e.g., the consumer's and/or family's income/~~resources~~ are insufficient to pay for IFS-R).
- C. Form #350, "*Request Form – Individual and Family Support Stipend/Respite*", which includes financial information, must be completed by the SC/EI and signed by the ~~parent-guardian-family~~ or consumer. A copy of a current pay stub or other means of verifying both earned and unearned income must be included for all ~~adult~~ household members (~~i.e., SSI amount, income tax form~~). Use of the consumer's SSI and any other income including family members living in the same home will be part of the review process. (Attach copies of all income statements, including SSI, SSA, W2s, 1099s, Survivors & Disability Insurance amounts).
- D. In requesting exceptions to this policy (e.g., use of funds for a person who does not meet the income criteria), the same documentation must be included in the request to the DSN Board that is required to be submitted for the original request. These exceptions must be rare, if not disapproved, altogether.

2. **Approval Procedures**

When requesting local IFS-R the DSN Board's family support staff will review materials submitted (or return for additional information) and make a recommendation with final approval/disapproval by the Executive Director or Designee. The Executive Director has the final authority.

3. **Payments**

- A. The original Form #351, "*Individual and Family Support Respite - Request for Payment*" for the approval period including the approval amount shall be included with request when application is submitted. A

separate Form #351, "Individual and Family Support Respite - Request for Payment" shall be completed for each month of payment if on-going.

- B. Any unspent funds should be returned to the DSN Board/Provider for reallocation as soon as it is determined that all of the funds are not needed.

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4. **Monitorship and Review**

- A. The receipt of service use of IFS-R must be monitored by the Service Coordinator, if consumer is on Level I or by the Early Interventionist. Consumers receiving Level II service coordination should be monitored by guidelines in the DDSN Policy. For those receiving Level I service coordination, t The Service Coordinator/Early Interventionist must monitor on-going service provision at least quarterly to determine the family's satisfaction with the amount, frequency, and duration of the service provided. Verification of receipt of services must be completed by either visiting the consumer during the time of the service or by reviewing attendance records/service reports.

~~The SC/EI must either visit the consumer/family t~~ To verify receipt of any one-time item that was to be purchased, the Service Coordinator/Early Interventionist must either visit the consumer/family or request receipt of purchased item from the family. If during the visit or lack of evidence via receipt it is determined that the stipend was not used as requested or used to pay a specific bill this should be documented and future requests should include such historical information. The Service Coordinator/Early Interventionist should notify the Executive Director/CEO of inappropriate use of funds. The Executive Director/CEO should then take the necessary steps to recoup funds.

- B. If at any time the Service Coordinator/Early Interventionist determines that the need of IFS-R is no longer justified, then he/she must notify the person approving the request and on-going funds must end.

- C. ~~If at any time s~~ Should a DSN Board/Provider revise its current Individual and Family Support Respite Policy, it must forward a copy to the applicable District Office for approval.

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Kathi K. Lacy, Ph.D.  
Associate State Director-Policy  
(Originator)

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Beverly A.H. Buscemi, Ph.D.  
State Director  
(Approved)

*To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.*

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Form 350 – Request Form – Individual and Family Support Stipend/Respite  
Form 351 – Individual and Family Support/Respite – Request for Payment

| [Attachment A](#)

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